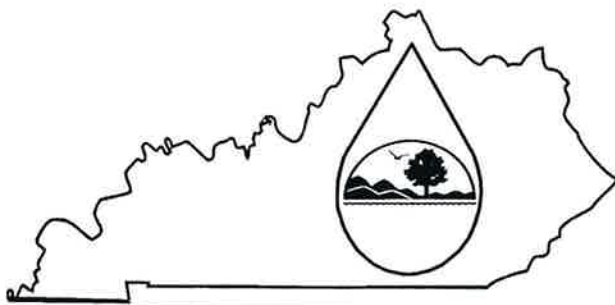
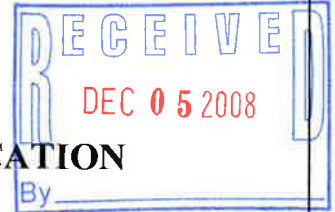


KPDES FORM 1

AZ#991

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	00	2	7	7	8	2
A. Name of business, municipality, company, etc. requesting permit U.S. Army Engineer District, Louisville								
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.			
Facility Location Name: U.S. Army Corps of Engineers					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Chris Buggs, Park manager			
Facility Location Address (i.e. street, road, etc., not PO Box): 2150 Nolin Dam Rd, P.O. Box 339					Mailing Address: 2150 Nolin Dam Rd, P.O. Box 339			
Facility Location City, State, Zip Code: Bee Spring, Ky 42207-0339					Mailing City, State, Zip Code: Bee Spring, Ky 42207-0339			
					Facility Contact Telephone Number: 270/286-4511			

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Control discharge of impounded water to reduce the impact of flooding and provide more uniform conditions downstream for the aquatic environment and agricultural use.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

9711 National Security

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Edmonson

City where facility is located (if applicable):

n/a

C. Body of water receiving discharge:

Nolin River Lake

D. Facility Site Latitude (degrees, minutes, seconds):

37° 18' 57"

Facility Site Longitude (degrees, minutes, seconds):

86° 14' 6"

E. Method used to obtain latitude & longitude (see instructions):

Topo map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

n/a

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☐ Publicly Owned
 ☐ Privately Owned
 ☐ State Owned
 ☐ Both Public and Private Owned
 ☒ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Bryan Duvall

Telephone Number:

270/286-4511

Operator Mailing Address (Street):

U.S. Army Corps of Engineers, Nolin River Lab, 2150 Nolin Dam Rd., P.O. Box 339

Operator Mailing Address (City, State, Zip Code):

Bee Spring, Ky 40207-0339

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

WW Treatment I

Certification Number:

14552

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0027782

Issue Date of Current Permit:

2/1/2006

Expiration Date of Current Permit:

7/31/09

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

1/8/87

Sludge Disposal Permit Number:

n/a

Kentucky DOW Operational Permit #:

n/a

Kentucky DSMRE Permit Number(s):

n/a

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	n/a	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Bryan Duvall

DMR Official Telephone Number:

270/286-4511

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Same as section I.

DMR Mailing Address:

DMR Mailing City, State, Zip Code:

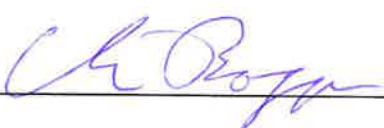
VII. APPLICATION FILING FEE

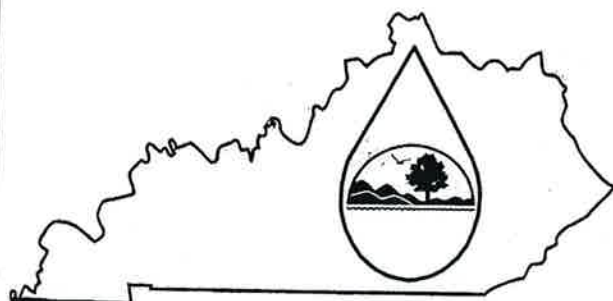
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: ~ Intermediate POTW (In POTW) ✓	Filing Fee Enclosed: \$300 ⁰⁰
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Chris Boygs, Park manager	TELEPHONE NUMBER (area code and number): 270/286-4511
SIGNATURE 	DATE: 12/2/2008



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>U.S. Army Corps of Engineers - Nolin River Lake - Mustardier</u>												
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE	<u>0</u>	<u>0</u>	<u>2</u>	<u>7</u>	<u>7</u>	<u>8</u>	<u>2</u>
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)												
B. How many days per week?					<u>7 days per week April - October</u>							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>Campground with 167 campsites, 3 restrooms with showers, 2 restrooms w/out showers.</u>												
B. If new discharger, indicate anticipated discharge date:					<u>n/a</u>							
C. Indicate the design capacity of the treatment system:					<u>40,000 MGD - 6 PD</u>							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<u>1</u>	<u>37</u>	<u>18</u>	<u>48</u>	<u>86</u>	<u>14</u>	<u>6</u>	<u>Nolin River Lake</u>

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	<u>USGS Topo map</u>
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IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
 If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Sanitary Wastewater	1500 GPD	Flocculation	1-G
			Grinding (pumps)	1-L
			Disinfecting (chlorine)	2-F
			Activated Sludge	3-A
			Aerated Lagoon	3-B
			Extended Aeration	3-E
			Discharge to surface water	4-A
			Aerobic Digestion	5-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
- ☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☒ ^{Federally}Publicly-owned lake or impoundment
 Name of lake: Nolin River Lake
- ☐ Publicly-owned treatment works (POTW). Name of POTW:
- ☐ Land application of Effluent
 ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
 ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	n/a	<input type="checkbox"/>	Copper	n/a	<input type="checkbox"/>	Silver	n/a
<input type="checkbox"/>	Arsenic	n/a	<input type="checkbox"/>	Lead	n/a	<input type="checkbox"/>	Thallium	n/a
<input type="checkbox"/>	Beryllium	n/a	<input type="checkbox"/>	Mercury	n/a	<input type="checkbox"/>	Zinc	n/a
<input type="checkbox"/>	Cadmium	n/a	<input type="checkbox"/>	Nickel	n/a	<input type="checkbox"/>		
<input type="checkbox"/>	Chromium	n/a	<input type="checkbox"/>	Selenium	n/a	<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points: 0 (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points 1

Give the number of times discharge occurs per year	Daily, April - October
Give the average volume per discharge occurrence	(1,000 gallons) 1500 GPD
Give the average duration of each discharge	(days) Daily, April - October
List month(s) when the discharge occurs	April - October

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Moutardier Campground, Nolin River Lake	Campground is currently closed for the winter. When open, it serves an average of Approx. 4100 people per day.
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
n/a		

XII. EFFLUENT CHARACTERISTICS


A. Indicate results of analysis for pollutants listed below.

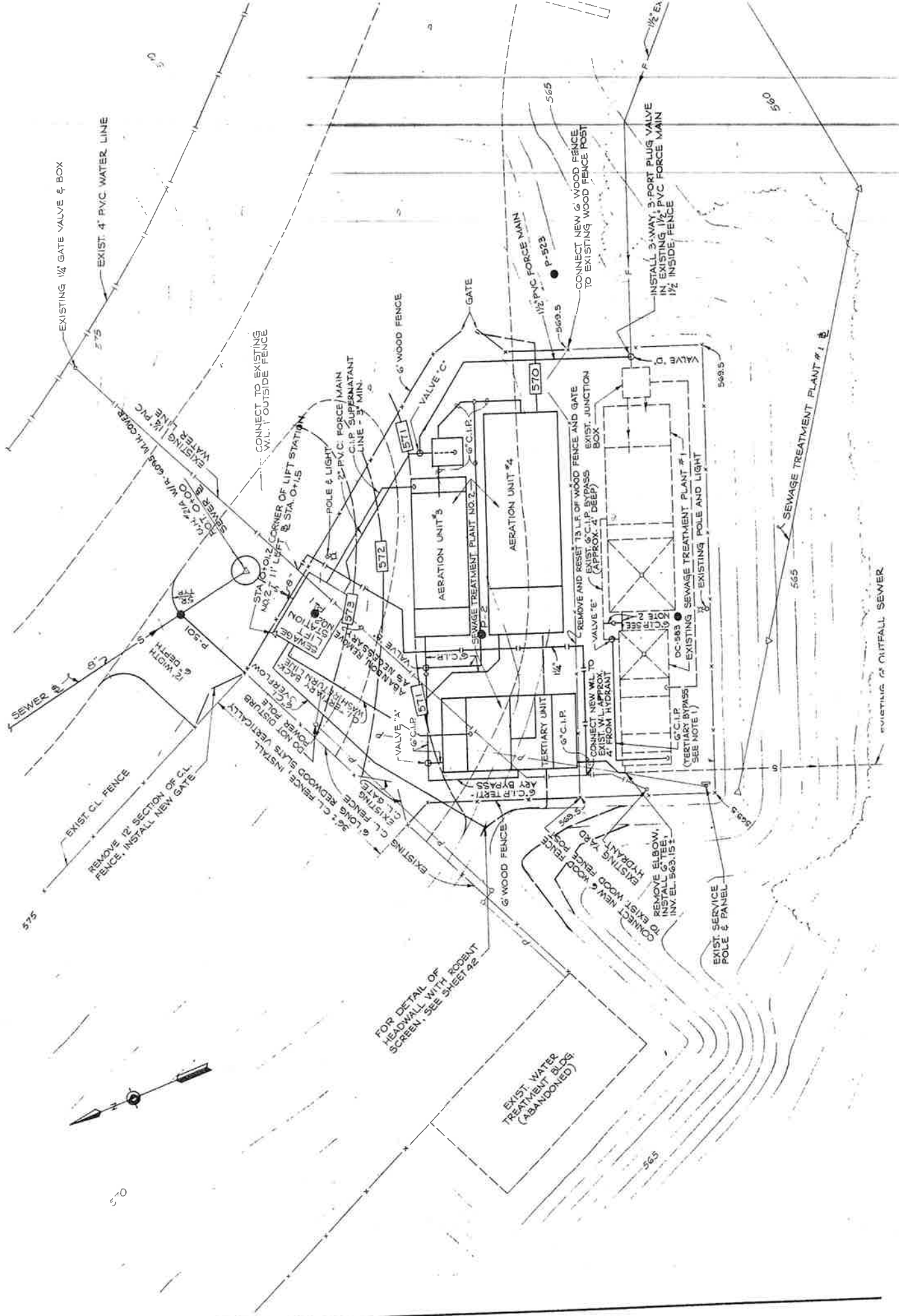
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	.75	.38	1/ month composite
TOTAL SUSPENDED SOLIDS	.75	.38	1/ month composite
FECAL COLIFORM	400	200	1/ month grab
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	.50	.25	1/ month composite
DISCHARGE FLOW			
pH	9.0	6.0	1/ month on-site
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

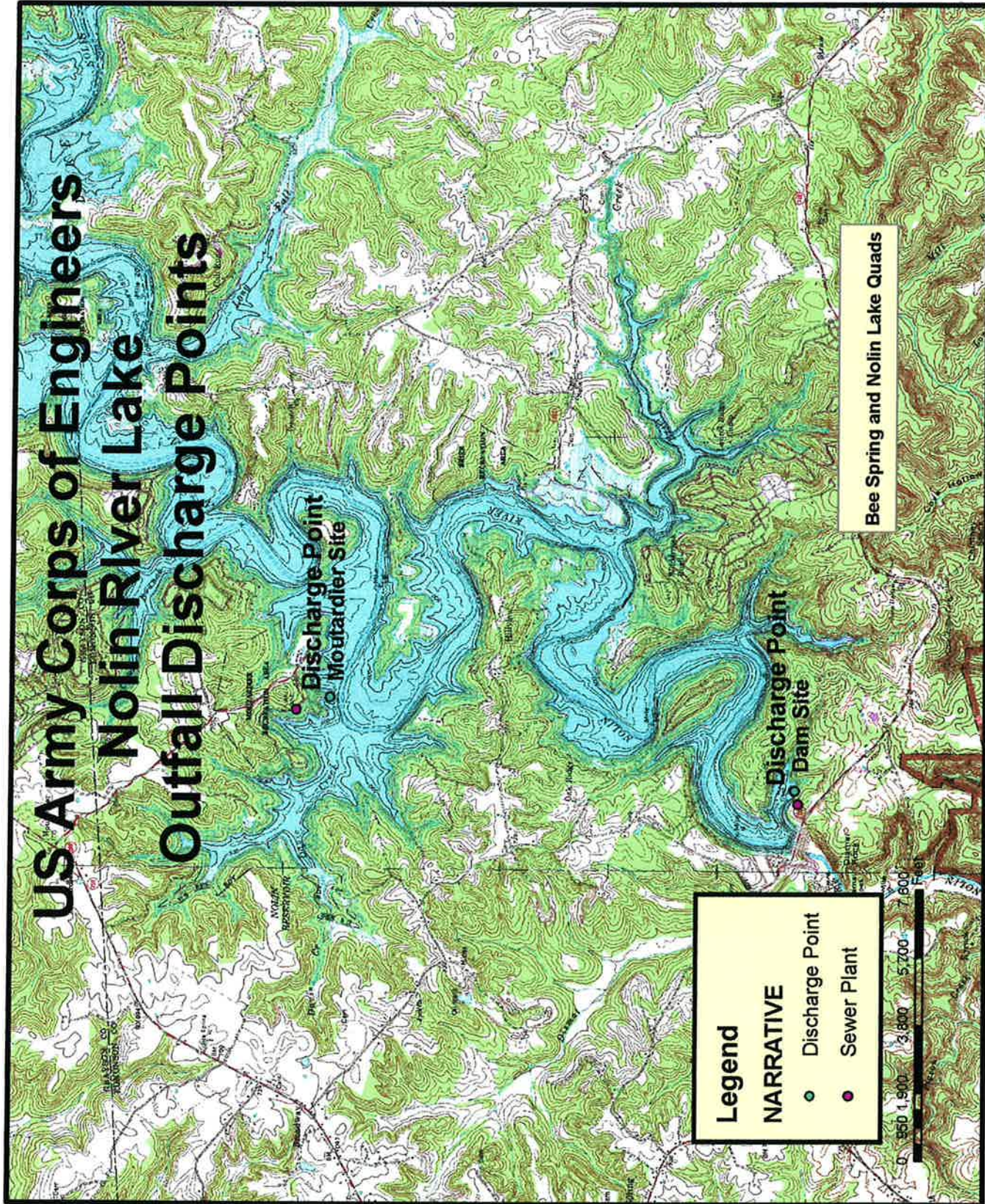
XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Chris Boggs, Park Manager	TELEPHONE NUMBER (area code and number): 270/286-4511
SIGNATURE 	DATE 12/2/2008



US Army Corps of Engineers Nolin River Lake Outfall Discharge Points



Bee Spring and Nolin Lake Quads